PTO/SB/81 (01-06)
Approved for use through 12/31/2008. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

	ormation unless it displays a valid OMB control number.
Application Number	
Filing Date	
First Named Inventor	Shaik Kareemullah
Title	PACKING AND PRESENTATION OF
Art Unit	
Examiner Name	
Attorney Docket Number	PT-14-828

Thereby revoke an	PISVICE	us powers or attorney gr		- GDOTO IGCITE	oc appiic			
hereby appoint:								
✓ Practitioners ass	Practitioners associated with the Customer Number: 0 6 0 4 1 3							
OR		l						
Practitioner(s) na	amed bel	ow:						
		Name	T		Registra	tion Number		
			\longrightarrow					
			+					\dashv
 			-+					\dashv
			-+					
as my/our attorney(s) o Trademark Office conn	or agent(s	s) to prosecute the application in erewith.	identified al	bove, and to tran	sact all busin	ess in the U	nited States Pate	nt and
Please recognize or ch	ange the	correspondence address for t	he above-in	dentified applicat	ion to:			
	-	ed with the above-mentioned C						
OR I he address	associate	o militari ine apove-mentioned C]	ustomer No	umper.		٦		
			0	30413				
The address OR	associate	ed with Customer Number:						
Firm or Individual	Name							
Address								
City				State			Zip	
Country				I Gerra I				
Telephone				Email				
I am the:	antor							
Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.								
Assignee of r Statement un	ecora of t der 37 Cl	the entire interest. See 37 CFR FR 3.73(b) is enclosed. (Form	PTO/SB/96	3)				
SIGNATURE of Applicant or Assignee of Record								
Signature	رج	h' france	1			Date	05/06/2006	
Name	Shaik Ka	areemullah			\Box	Telephone		
Title and Company								
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.								
✓ *Total of 3		forms are submitted.						
		ired by 37 CFR 1.31, 1.32 and 1.3	33. The infor	mation is required	to obtain or ret	ain a benefit b	y the public which is	s to file (and b

This collection of information is required by 37 CFR 1.31, 132 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chile Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/81 (01-06)
Approved for use through 12/31/2008, OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

red to respond to a collection of info	ormation unless it displays a valid OMB control number
Application Number	,
Filing Date	
First Named Inventor	Shaik Kareemullah
Title	PACKING AND PRESENTATION OF
Art Unit	
Examiner Name	
Attorney Docket Number	PT-14-828

I hereby revoke all	previous powers of attorney g	iven in the above-identified appli	cation.	
I hereby appoint:				
	ociated with the Customer Number:	060413		
OR				
Practitioner(s) na	amed below:			
	Name	Registra	ation Number	
as my/our attorney(s) of Trademark Office conn		identified above, and to transact all busi	ness in the Ur	nited States Patent and
	ange the correspondence address for	the shove identified application to:		
The address	associated with the above-mentioned		_	
\square		060413		
The address OR	associated with Customer Number:			
Firm or Individual	Name			
Address	Name			
City		State		Zip
Country		Email		
Telephone		Ellian		
Applicant/Inve	entor			
	ecord of the entire interest. See 37 CF	R 3 71.		
Statement un	der 37 CFR 3.73(b) is enclosed. (Form	n PTO/SB/96)		
	SIGNATURE of	f Applicant or Assignee of Record		
Signature	Fathima Su	Ctaner	Date	05/06/2006
Name	Shaheen Fathima		Telephone	
Title and Company				
NOTE: Signatures of all ti signature is required, see	he inventors or assignees of record of the en below*.	ntire interest or their representative(s) are requ	ired. Submit mu	Ittiple forms if more than one
✓ *Total of 3	forms are submitted.			the public utich is to file (and

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 36 U.S. C. 122 and 37 CFR 1.11 and 1.1.1 1.11 and 1.1.8 to complete including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete his form and/or suggestions for reducing his burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/81 (01-06)
Approved for use through 12/31/2008. OMB 0651-0035
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

	ormation unless it displays a valid OMB control number.
Application Number	
Filing Date	
First Named Inventor	Shaik Kareemullah
Title	PACKING AND PRESENTATION OF
Art Unit	
Examiner Name	
Attorney Docket Number	PT-14-828

I hereby revoke all previous powers of attorney given in	n the above-identified applica	ation.			
I hereby appoint:		$\overline{}$			
Practitioners associated with the Customer Number:	060413				
OR	****				
Practitioner(s) named below:					
. Name Registration Number					
*					
	as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and				
as my/our attorney(s) or agent(s) to prosecute the application identify Trademark Office connected therewith.	led adove, and to transact all busing	ess in the U	mileo States ratent and		
Please recognize or change the correspondence address for the abo	ove-identified application to:				
The address associated with the above-mentioned Custom					
OR The address associated with the above-mentioned custom	ici i i i i i i i i i i i i i i i i i i	7			
The address associated with Customer Number:	060413				
OR OR					
Firm or Individual Name					
Address					
City	State		Zip		
Country Telephone	Email				
l am the:					
Applicant/Inventor.					
Assignee of record of the entire interest. See 37 CFR 3.71.					
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/	SB/96)				
// SIGNATURE of Appli	cant or Assignee of Record				
Signature . Epy.		Date	05/06/2006		
Name Shaik Faheemullah		Telephone			
Title and Company		10.5-3	Water farmer if many their		
NOTE: Signatures of all the inventors or assignees of record of the entire inte signature is required, see below*.	rest or their representative(s) are require	ea. Submit mu	ultiple forms if more than one		
*Total of 3 forms are submitted.					

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retein a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 38 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete. Including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the information Officer, comments on the amount of time you require to complete his form and/or suggestions for reducing his burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.